



Gloucestershire County Council
EDUCATION COMMITTEE

Annual Report

OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1956

GEO. F. BRAMLEY
Principal School Medical Officer

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GLOUCESTERSHIRE COUNTY COUNCIL EDUCATION COMMITTEE

HEALTH DEPARTMENT,
BERKELEY HOUSE,
BERKELEY STREET,
GLOUCESTER.
April, 1957.

To the Chairman and Members of the
Education Committee.

SIR, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the School Health Service for the year 1956.

As revealed by the standards available to the School Health Service, the improvement in all aspects of health of the school child continues, with the unfortunate exception of dental caries.

One naturally makes comparisons and much evidence can be produced showing the great advances in physical condition, as shown by greater average heights and weights, improved personal cleanliness, reduction in deformities, lower mortality and lower morbidity. These are all attributes of physical health. We have no way in which we can compare the mental health of school children with their predecessors. We have many disturbed and maladjusted children nowadays attending the Child Guidance Clinics. There were no such clinics fifty years ago. Those who decry or are pessimistic about our modern ways of living would have us believe that these are the causes of mental ill health. I cannot believe that amongst the smaller, thinner children of fifty years ago, who were less well fed, suffered more disease and lived in homes where there was the ever present fear of unemployment, there were not more maladjusted than to-day.

Routine medical examination of school children has continued for fifty years and is still the "backbone" of the medical service, but with so much of his time devoted to routine immunisation and vaccination, the School Medical Officer of to-day has quite a different life. He does not see so much ill-health but spends more time preventing it.

It is disappointing that after fifty years of advice, exhortation and help to parents, some still allow their children to become infested with vermin. There were 1,335 individual children found with lice or nits this year. This is a reduction by a quarter on last year's figure, but it is not good enough. The School Medical Officers still report that they come across dirty children. The fundament of good health is cleanliness ; it is a pity that a few dirty families should remain to be a menace to the health of others.

The past few years have seen the development of a new approach to deafness whereby full use is made of any hearing which a deaf child possesses. The degree of deafness is assessed at the earliest possible age and treatment begins straight away. It seems fairly certain that the new methods will result in fewer deaf and dumb adults, fewer children referred to Schools for the Deaf, and what might have been grossly handicapped children being educated in the ordinary schools with only a slight degree of handicap. A full report on the Gloucester Assessment Clinic is given in the body of the report. During the year the Committee agreed to appoint a peripatetic teacher for the deaf to assist in this new approach.

No new school places for the educationally subnormal were provided in 1955 and the additional schools now agreed are urgently required.

During the year the Food Hygiene Regulations came into operation and officers of the Health Department carried out many inspections of school kitchens and dining rooms. This will help the Committee to meet the big demand made upon them to bring the accommodation hastily provided in war years up to the standard now required.

The present day school child—having benefitted by better living conditions, school milk, school meals and a comprehensive health service—is better in all physical respects than his forebears, except that he has more bad teeth. The probable cause of this is the greater consumption of sticky sweets between meals and at bedtime without a good wash of the teeth afterwards. With little or no hope of ever being able to recruit enough dentists, the outlook is gloomy. This is a challenge to which we must respond by educating children and parents how to prevent bad teeth.

I record my thanks to the Committee, its officers and teachers. This is not a formality because the interest shown and the help given are as essential as the staff of the Service. To them also I record my thanks, and in particular to my Deputy, Dr. Davidson-Lamb.

I have the honour to be,

Your obedient Servant,

GEO. F. BRAMLEY,

Principal School Medical Officer.

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STAFF

As at 31st December, 1956

PRINCIPAL SCHOOL MEDICAL OFFICER

G. F. BRAMLEY, M.D., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

W. DAVIDSON-LAMB, M.C., M.B., Ch.B., D.P.H.

SENIOR ASSISTANT COUNTY MEDICAL OFFICER AND SCHOOL MEDICAL OFFICER

J. A. SLATTERY, M.R.C.S., L.R.C.P., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

KATHARINE E. M. ALLEN, M.A., M.R.C.S., L.R.C.P.

D. P. BRUNTON, M.B., Ch.B., D.P.H.

D. E. CLARE, M.B., B.S., D.P.H.

CATHERINE E. HIGNELL, M.R.C.S., L.R.C.P.

MARY P. S. SEACOME, M.A., B.M., B.Ch.

P. J. SPELLER, M.B., Ch.B., D.P.H.

A. H. WALKER, M.B., B.S., B.Sc., Ph.D.

A. T. HUNT, M.B., B.S., D.P.H.

S. KNIGHT, M.B., B.S., D.P.H.

W. A. KNOX, M.B., B.Ch., B.A.O., D.P.H.

M. L. SUTCLIFFE, T.D., M.R.C.S., L.R.C.P., D.P.H., D.P.M.

} Also District
Medical
Officers
of Health

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

T. O. P. D. LAWSON, M.D., D.P.H., D.R.C.O.G.

ASSISTANT MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

BRENDA G. KING, M.B., B.S.

W. PARRY JONES, M.R.C.S., L.R.C.P., D.P.H.

} Cheltenham
Excepted
District

PRINCIPAL SCHOOL DENTAL OFFICER

J. F. A. SMYTH, L.D.S.

DENTAL OFFICERS

D. N. DeGRUYTHER, L.D.S.

W. M. ELLIS, L.D.S.

H. T. JONES, L.D.S. (part-time)

MISS M. S. MacKINNON, L.D.S.

F. McGONIGAL, L.D.S., D.D.O.

J. A. McPHAIL (part-time)

MRS. H. NOBLE, L.D.S. (part-time)

J. P. B. PENGELLY, L.D.S.

MRS. J. M. POPPLEWELL, L.D.S. (part-time)

W. F. RICHARDS, L.D.S.

Mrs. D. W. SQUIRES, L.D.S.

D. A. THOMAS, L.D.S.

D. J. S. WATERHOUSE, L.D.S., B.Ch.D.

A. J. LANE, L.D.S.

A. W. McCARTHY, L.D.S. } Cheltenham Excepted District

DENTAL HYGIENIST

Mrs. W. E. JUDD

DENTAL ATTENDANTS—13 full-time; 6 part-time

CHILD GUIDANCE

PSYCHIATRISTS—H. S. COULSTING, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
K. C. P. SMITH, M.R.C.S., L.R.C.P., D.P.M. (part-time)

PSYCHOLOGISTS—MISS E. A. WHITE, M.A.
R. F. FREYMAN, B.A.

PSYCHIATRIC SOCIAL WORKER—MISS D. HILL, B.A.

SOCIAL WORKER—MISS M. WINCHURCH, B.A.

HEALTH VISITORS AND SCHOOL NURSES

MISS E. K. N. CUMMING (Superintendent)

MISS F. FORTNAM (Deputy Superintendent)

56 HEALTH VISITORS (Equivalent of 19 School Nurses)

SCHOOL NURSES—3 (Cheltenham Excepted District)

DISTRICT NURSES (Part-time Health Visitors)—45 (Equivalent of 5.0 School Nurses)

SPEECH THERAPISTS—5

ORTHOPAEDIC AFTER-CARE SISTERS—5 (1 part-time)

EAR, NOSE AND THROAT SURGEONS—4

OPHTHALMIC SURGEONS—6

ORTHOPAEDIC SURGEONS—4

} part-time, Regional Hospital Board

ADMINISTRATIVE STAFF

F. B. WILTON

W. ROBERTS

STATISTICS OF THE COUNTY

AREA (in acres)	URBAN	24,179	
	RURAL	749,131	
		<hr/>	773,310

POPULATION—R.G. Estimate Mid. 1956

	URBAN	151,900	
	RURAL	303,600	
		<hr/>	455,500

NUMBER OF SCHOOLS AND CHILDREN IN ATTENDANCE

COUNTY (excluding Cheltenham)

	No. of Schools	Average No. on Registers
1. PRIMARY	330	39,034
2. SECONDARY		
(a) Grammar, including bi-lateral	17	6,850
(b) Modern	31	11,832
Technical	2	627
(c) Senior and Junior Technical (including Art)	8	768
	<hr/>	<hr/>
	388	59,111

CHELTENHAM EXCEPTED DISTRICT

1. PRIMARY	23	6,579
2. SECONDARY		
(a) Grammar	2	1,386
(b) Modern	6	2,209
Technical	1	535
	<hr/>	<hr/>
	32	10,699
	<hr/>	<hr/>
Gloucestershire Grand Total	420	69,810
	<hr/>	<hr/>

SCHOOL MEDICAL INSPECTION

The total number of examinations routinely carried out by School Medical Officers during the year of 32,080 shows an increase of 1,706 over the previous year's figure ; in 1955 the number was 30,374. Apart from these routine medical inspections there was a total of 9,954 special and re-inspections compared with 10,748 during 1955.

Periodic Medical Inspections—Number Inspected

	<i>First Age Group</i>	<i>Second Age Group</i>	<i>Third Age Group</i>	<i>Total</i>	<i>Additional Periodic Inspections</i>	<i>Grand Total</i>
County ...	6,020	5,670	4,052	15,742	11,242	26,984
Excepted District	979	953	1,123	3,055	2,041	5,096
Whole County ...	6,999	6,623	5,175	18,797	13,283	32,080

Apart from the figures for the First Age Group no direct comparison can be made between those in the other columns of the table above and the counterpart in my last annual report. The reason for this lies in the fact that in the Second Age Group now only 10-year-olds are included when previously there were in addition 12-year-olds also included, and in the Third Age Group only 14-year-olds occur in the table above, when formerly 15- and 17-year-olds appeared. The 12-, 15- and 17-year-olds are now in the column for additional periodic inspections.

Other Medical Inspections—Number Inspected

	<i>Special Inspections</i>	<i>Re-inspections</i>	<i>Total</i>
County ...	671	7,301	7,972
Excepted District ...	1,358	264	1,622
Whole County ...	2,029	7,565	9,594

Findings at Medical Inspections

The number of pupils found at routine medical inspections to require treatment, excluding treatment for dental conditions and for infestation with vermin was 4,457, a fall of 258 over the previous year's figure, which was 4,715. The percentage of pupils, therefore, who were examined and found to have defects requiring treatment in the year under review was 13.8 compared with 15.5 in 1955. This continues the steady fall noted each year. The figure for the County of 13.8% compares very favourably with the percentage of 15.13 for England and Wales quoted in the Report of the Chief Medical Officer to the Ministry of Education for the year 1955. An additional 15,391 defects were noted as requiring observation, compared with 13,368 in 1955.

At the end of this report there are details of the defects which were found at periodic inspections. These are recorded in the several tables which are reproduced from those required annually by the Ministry of Education.

Physical Condition

Formerly the general condition of children was assessed at routine inspections as A—Good, B—Fair, or C—Poor. “General Condition” has now been amended to “Physical Condition” and it is intended that this should be a summing up on the part of the School Medical Officer, giving his opinion of the child’s physical fitness. Two categories only are considered necessary now, “Satisfactory” and “Unsatisfactory.” The change has a practical object in that when a child is considered sufficiently below par to be classified “unsatisfactory,” a thorough investigation is required to determine and, if possible, remedy the responsible factors. The need for school meals and milk in such cases is to be specially borne in mind.

The figures at the end of this report under this head indicate that the number of children considered unsatisfactory was 2% of all age groups, while 98% are classified as satisfactory. No proper comparison can yet be made but since the percentages for 1955 were .5% “poor” at all ages and 62.2% “fair,” it would appear reasonable to expect that more than 1.5% of the former category “fair” would have been classified unsatisfactory. On this premise the high standard of general well being and nutrition of pupils has been maintained. In terms of individual children, 649 were considered to be unsatisfactory. There will be a considerable number of children in this group suffering from a permanent disease or condition which cannot be cured.

Height and Weight of Pupils

The measurements of more than 23,500 children attending schools throughout the County are recorded in the table below as averages according to age. Compared with previous records, improvement has been maintained.

Height and Weight Survey for 1956

Whole County

<i>Ages</i>	<i>Number Examined</i>		<i>Height (inches)</i>		<i>Weight (pounds)</i>	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
5 years ...	2,619	2,346	43.7	42.6	43.3	42.0
8 years ...	2,803	2,603	50.1	49.4	58.1	56.3
10 years ...	2,856	2,672	53.3	52.7	69.3	68.3
12 years ...	2,026	1,705	56.8	58.3	85.7	88.9
14 years ...	1,916	1,687	61.9	61.5	105.7	109.7
17 years ...	255	289	68.2	63.6	137.2	121.9

Medical Inspection Accommodation

The efficient conduct of the School Health Service depends above all on close and understanding contact between School Doctors, School Nurses, teachers, parents and their children in schools. Such liaison ensures that the child with particular defects or unsatisfactory general condition will be brought to notice early. Difficulty with accommodation for medical examination in schools militates against this. While the Standards for School Premises Regulations include a requirement that suitable

accommodation shall be immediately available at any time during school hours for inspection and treatment of pupils by Doctors, Dentists and Nurses, adequate provision is still not infrequently lacking.

Group Testing of Hearing

The Pure Tone Audiometer has been in use for a full year and has been found most satisfactory. It was used in all schools with the exception of 15, where the gramophone audiometer had to be used, as the schools were not wired for electricity. In two cases, so that the Pure Tone Audiometer could be used, the Head Teacher arranged for the test to be carried out in a room in the village.

As the test is taken on individual children, there is now no need for a classroom to be set aside, as a small room is sufficient. This is a great advantage and is much appreciated by the Head Teachers especially in overcrowded schools.

All the Junior Schools of the County were visited, and owing to the fact that no mental work is required many more children, other than the 8-year-old group, such as infants, backward children, children whom the teachers think may be hard of hearing, and at request of parents, have been tested. The results of these tests are a great help to the teachers.

Special cases at Secondary Modern Schools have been tested at the request of the School Medical Officer.

Children considered to need urgent investigation are referred to the School Medical Officer, and other defects are seen at the Annual School Medical Inspection.

The following table gives detailed results of screening and the disposal of children who failed the test given.

<i>Number of Schools Attended</i>					327		
Total 8-year-olds tested	...	...	...	...	6,511		
Failed Sweep Test—One ear	...	...	...	208			
			Two ears	...	309	517	7.7 %
Failed Second Test—One ear	...	...	...	107			
			Two ears	...	229	336	5.17 %
Total Passed	...	...	...	...	6,175		94.83 %
Total Retests and Specials	...	...	...	...	761		
Failed Sweep Test—One ear	...	...	...	63			
			Two ears	...	209	272	35.7 %
Failed Second Test—One ear	...	...	...	61			
			Two ears	...	202	263	34.35 %
Total Passed	...	...	...	...	498		65.45 %

Referred to Minor Ailment Clinic or School Medical Inspection

				8-year-olds	Specials and Retests
<i>Found to Have</i>					
Wax causing deafness	...	...	...	18	6
Other conditions	...	...	...	13	8
Awaiting T. & A. operation	...	...	...	1	1
No Clinical defect	...	...	...	14	2

Treatment

	8-year-olds	Specials and Retests
Retest	75	17
Review	14	11
Refer to E.N.T. Surgeon	18	16
Refer to Own Doctor	15	14
No further action	13	18
E.S.N.	7	1
Absent	4	3
School Medical Officer's observation ...	19	29
Attending Hospital	6	17
Awaiting examination	165	137
	<hr/>	<hr/>
	336	263
<i>Referred to Ear, Nose and Throat Surgeon</i>		
Supplied with hearing aid	1	—
Recommended for T. & A. operation ...	2	—
Referred to or attending hospital	4	2
No Treatment	2	2
Awaiting report from Hospital	2	2
Moderate hearing loss	—	2
Referred to County Welfare Officer for deaf	1	—
Left District	1	1
Did not attend	2	—
Attending Private Practitioner	3	6
Deaf one ear	—	1
	<hr/>	<hr/>
	18	16

Hearing Assessment Clinic

During the past 12 months at the Gloucestershire Royal Hospital, under Mr. H. Mower, Consultant in the Ear, Nose and Throat Department, the work of the Hearing Assessment Clinic has been maintained and extended.

It has proved a valuable source for accurate assessment in difficult and doubtful cases of hearing loss. The policy has continued of catering for children only and this at any age up to 16 years. Miss W. Galbraith, Educational Consultant to the Audiology Unit, Royal National Throat, Nose and Ear Hospital, Grays Inn Road, London, W.C.1, has continued her services in a voluntary capacity for assessment and training. The work of the Clinic has increased to a degree where home visiting from the Clinic has had to be discontinued and this service has been maintained by the County Welfare Officer for the Deaf. Teachers have appreciated the facilities provided and have co-operated well in supporting measures necessary to educational progress on the part of hard of hearing school children. The retention of children with hearing aids in ordinary schools will be of obvious advantage to the child.

The youngest child catered for to-day was first brought when she was 5 months old. She was 17 months old at the end of the year. The hearing aid fitted at the outset has been tolerated well. Her understanding of noises and her ability to express herself vocally, including her ability to appreciate speech, is discriminatory to an extent which, without the help given, would have been impossible.

Two children first seen at ages 13 months and 14 months were assessed as being profoundly deaf. They are now aged 2 years 2 months and 2 years 3 months respectively, and the provision of aids together with training has established conditions where both are now more amenable, quiet and responsive.

Five children ages 2 to 5 years have attended regularly and are making good progress. One child aged 4 years 8 months commenced at an ordinary school in the autumn term and no particular problem has arisen. At 3 years 6 months this child was not talking. She made phenomenal progress with the provision of an aid and training. Another of these children aged 4 years 3 months in December, 1956, was first seen when 22 months old, and was assessed as being severely deaf. Her progress now is such that in the coming year she should be able to attend an ordinary school, infants' department, although subsequently, because of difficulty of speech expression, special schooling may be required, her understanding of speech being considerably in advance of her speech sentence ability.

In the 5 to 16 year range, 52 children have been referred after assessment to the Educational Consultant. Parent guidance auditory training and teacher guidance by the County Welfare Officer for the Deaf have established and maintained educational progress without other than minor difficulty. In one particular case a girl previously accommodated in a partially deaf unit has been returned to and rehabilitated in ordinary school. Her school progress although retarded is sufficiently satisfactory to warrant her retention in the normal school system.

Four children accommodated in County educationally subnormal schools, have been fitted with aids with resultant improvement in their progress both socially and educationally.

In the annual review of children accommodated in special schools outside the County one child was fitted with an aid in August, 1956. A further child seen in August with a National Health Service Aid had this replaced by one of a commercial type more appropriate to her hearing loss. In the former case the improvement socially has been marked and in the latter case, a triple handicap (congenital heart, blindness in one eye and severe deafness) the new provision has been accepted more readily with improvement in speech. This child did, in fact, resent the National Health Service Aid and was disinclined because of that to co-operate.

The need for commercial aids in the case of certain children has arisen during the year. The benefit derived by making such provision has been readily seen in each case. The automatic volume control has proved particularly valuable in children with high frequency loss. In addition the greater ease in wearing the commercial instrument has proved a valuable asset to ensure regular use.

Provision of a peripatetic teacher of the deaf to facilitate progress and teaching of children with hearing loss has been agreed and an appointment will be made in the coming year.

A teacher of the deaf from the Radcliffe Infirmary, Oxford, holding sessions in Swindon, deals with County children in the Cirencester area, so far as their assessment and training are concerned. In the South of the County the Assessment Clinic in Bristol serves the area but training is not provided.

The County Welfare Officer for the Deaf has also continued to advise pupils leaving school who are handicapped by deafness concerning problems with regard to their future careers and employment.

At the end of the year there were 90 hard of hearing children in primary and secondary schools in the County and 63 of these were wearing hearing aids. In addition 7 pre-school children over the age of 2 were known and were all wearing hearing aids. Three children were admitted to special residential schools for the deaf and partially deaf in the autumn term of the year under review.

TREATMENT SERVICES

When any child is found to have a defect at a school medical inspection, the family doctor is consulted to see whether he will arrange for the child to see a Consultant if this is necessary, or whether he prefers this to be done through the

School Health Service. In any case both parties are kept informed of the developments and treatment where this is provided. This scheme applies to all except defects of vision and these are referred directly either to the Eye Department of Hospitals or the appropriate Eye Clinic.

Minor Ailments

No change occurred in the arrangements during 1956 and no particular comment is necessary on the nature of the cases dealt with or their incidence at the Minor Ailment Clinics provided in Cheltenham, Gloucester, Soundwell and Stroud.

Orthopaedic Clinics

The four full-time After Care Sisters were employed in that part of the County covered by the South Western Regional Hospital Board. They work under the instructions of the Orthopaedic Surgeons and closely with the Family Doctors. In the North Cotswold, Northleach and Cirencester areas which are covered by the Oxford Regional Board, all orthopaedic conditions continued to be dealt with through the Hospital Orthopaedic Service.

The following summary gives details of the work done by the four Sisters working in the County area.

(i) Clinics

(a) Consultations :

School children	3,184
-----------------	-----	-----	-----	-----	-------

(b) Treatment, etc. :

Classes	...	...	...	...	2,005
Heat and Massage	...	...	...	...	3
Individual	...	...	...	...	2,505
Plaster	...	...	...	...	80
Total	...	...	...	...	4,593

(ii) Children seen at School

Advice	...	...	...	...	970
Treatment	...	...	...	...	803
Total	...	...	...	...	1,773

(iii) Children seen at Home

(a) Advice :

First visits	...	...	...	...	272
Subsequent visits	...	...	...	...	1,826
Total	...	...	...	...	2,098

(b) Treatment and Plasters :

First visits	...	...	...	...	117
Subsequent visits	...	...	...	...	1,213
Total	...	...	...	...	1,330

Speech Therapy

Five Speech Therapists continued to be employed, one solely engaged on work in Cheltenham Excepted District. The vacancy referred to in my previous Annual Report was filled in the early part of the year. One Speech Therapist resigned with effect from the 30th June as she was leaving this country. Her replacement took up duty on the 1st July.

<i>Clinic</i>	<i>No. of Clinics held</i>	<i>No. of Sessions for school Visiting, Clerical,</i>	<i>No. of Consul-tations</i>	<i>No. of Treat-ments given</i>	<i>No. of Children Admit-ted</i>	<i>No. of Children Dis-charged</i>	<i>No. of Children on Regis-ter 31st Dec., 1956</i>
Amberley Ridge	14	—	4	75	—	—	10
Berkeley ...	15	6	8	26	—	4	4
Blockley ...	7	3	5	29	—	4	1
Bourton-on-the Water ...	36	8	13	269	8	19	13
Brockworth ...	17	4	15	98	11	4	11
Bream ...	7	14	20	47	10	2	20
Cheltenham Borough (5)	240	99	109	1,243	95	19	82
Cheltenham County (1) ...	44	10	11	105	9	17	20
Chipping Sodbury ...	80	7	60	480	12	8	21
Cinderford ...	46	50	40	210	18	13	43
Cirencester ...	34	10	37	187	13	12	35
Coleford ...	37	35	30	158	8	5	13
Coln House ...	9	—	4	41	—	—	7
Dursley ...	23	4	4	55	4	5	29
Filton ...	78	10	15	460	10	8	18
Gloucester (i) Miss Braithwaite ...	110	39	34	425	11	25	36
(ii) Miss Vale ...	53	21	27	201	10	6	17
Hambrook ...	12	4	12	60	9	4	9
Lydney ...	59	29	40	314	18	11	34
Moreton-in-Marsh ...	23	7	9	141	3	6	11
Newent ...	35	8	15	157	8	8	11
Patchway ...	47	6	19	289	8	8	16
Staple Hill ...	104	12	50	600	15	21	60
Stroud ...	81	4	50	280	8	14	48
Tetbury ...	15	4	6	58	—	2	8
Tewkesbury ...	89	17	24	319	15	23	41
Thornbury ...	46	8	22	280	7	8	13
Tutshill ...	16	12	20	83	5	2	15
Winchcombe ...	17	4	5	68	5	3	4
Wotton-under-Edge ...	27	5	14	119	5	2	16
Total ...	1,421	440	712	6,677	325	263	646

The number of children discharged were classified as follows :

	<i>Stammer</i>		<i>Stammer & Dyslalia</i>		<i>Dyslalia</i>		<i>Cleft Palate</i>		<i>Other Disorders</i>		<i>Total</i>
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	
Provisionally cured ...	11	1	1	—	85	23	2	—	5	1	129
Much Improved	34	5	3	—	31	15	4	1	1	—	94
Slightly Improved/Unco-operative ...	3	—	1	—	12	1	1	—	1	—	19
No Improvement ...	—	—	—	—	—	—	—	—	—	—	—
Left District and School	7	2	2	—	8	1	—	1	—	—	21
Total ...	55	8	7	—	136	40	7	2	7	1	263

After-care and Follow-up of Defects

There has been no change in the arrangements.

CARE OF THE HANDICAPPED CHILD

(a) *Blind Pupils*

At the end of the year 9 pupils only were in residential accommodation and none were awaiting placement. No difficulty has arisen in securing places. One pupil has been ascertained as partially sighted.

(b) *Partially Sighted Pupils*

At the turn of the year 9 children were receiving residential schooling, while 2 required placement, one under 5 years. No difficulty is experienced in securing admissions.

(c) *Deaf Pupils*

Forty pupils were in residential Special Schools. One new admission was made in the course of the year to Donnington Lodge, Newbury. The main number of cases were in the Royal School for the Deaf, Birmingham, or its Junior Department at Martley, near Worcester, with others at Donnington Lodge.

(d) *Partially Deaf Pupils*

Eighteen children were receiving special schooling, 2 of these as day pupils at Bristol. Two new admissions were secured.

(e) *Educationally Sub-Normal Pupils*

At the end of 1956 the waiting list of pupils for day special schools was 194 and for residential special schools 262, a total on the waiting list of 456 children. The corresponding figures for 1955 were 167, 314 and 481, and for 1954 they were 84, 250 and 334 respectively. A total of 241 children were already accommodated, 80 of these as day pupils at Thirlestaine Court and 7 at other day schools, the remainder being in the main at Coln House, Fairford and Amberley Ridge, Rodborough.

The work of extension at Coln House Special School has proceeded but no extra places were available by the end of the year. The work on the new E.S.N. School at Filton had not commenced by December, nor had it been possible to open Old Dean Hall E.S.N. School in the Forest of Dean.

It is hoped that in 1957 some of these projects will become effective.

Thirteen children were accommodated during the year in Rudolph Steiner Schools.

The table which follows shows the number of children examined and the recommendations made in the course of the year.

Year	Residential Special School	Day Special School	S.E.T. in Ordinary School	Normal (Ordinary School)	Referred to Mental Health Authority			Total No. of Examinations
					Ineducable	Inexpedient to educate with other Children	For Supervision after leaving School	
1945-								
1950	461	17	187	96	257	1	41	1,060
1951	67	3	57	67	46	—	38	278
1952	92	19	52	32	53	—	37	285
1953	86	26	101	26	53	1	47	340
1954	131	122	172	32	54	1	52	564
1955	85	82	137	29	41	—	45	419
1156	99	81	147	19	50	3	77	476

In addition 40 children were examined during 1956 under Section 57 (5) but it was considered that they would not require supervision after leaving school.

(f) *Physically Handicapped Pupils*

It has continued to prove difficult to secure placement for the more severely disabled of this group, 11 children have been newly placed during the year. At 31st December 42 pupils were in special schools, 5, in addition, were attending as day children at Claremont, the Special School for Spastics in Bristol. In some instances parental opposition has prevented placement away from home and in these home tuition has been provided.

(g) *Speech Defect*

In the course of the year 3 children were admitted for assessment to Moor House School, Oxted, Surrey, and the reports received concerning each were most helpful.

(h) *Epileptic Pupils*

Six children only in this group are accommodated residentially, 3 were new admissions arranged during the year and before the year's end the parents of one of these latter children had moved out of the County. No difficulty has been found in securing placement, the main problem being the distance of the accommodation from their homes.

(i) *Maladjusted Pupils*

Five pupils were in residential maladjusted schools during the course of the year, 20 were in hostel accommodation, 17 at Cam House, Dursley. Great difficulty has been met in obtaining placement in residential schools, with a waiting time of approximately two years.

(j) *Delicate*

At the end of the year, 18 pupils in this category were in residential accommodation ; 4 of them diabetics were residing in hostels and attending ordinary schools locally ; a further 4 were attending the Day Open Air School at Tuffley, Gloucester.

The number of children on home tuition increased from 12 in 1955 to 19 in the year under review. These are mainly physically handicapped.

Hospital Schools at which Children were Receiving Education

<i>Bristol:</i>	Frenchay Hospital	...	...	...	6
	Royal Hospital for Sick Children	...			9
	Royal Infirmary	...	...	...	2
<i>Surrey:</i>	Queen Mary's Hospital, Carshalton	...			2
<i>Oxford City:</i>	Wingfield Morris Hospital	...	...		6
<i>Gloucestershire:</i>	Standish Chest Hospital	...	...	...	33
<i>Somerset:</i>	Winford Orthopaedic Hospital	...	...		8

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes (other than Hospital Schools)

<i>Categories</i>	(1) <i>Blind</i> (2) <i>Partially Sighted</i>	(3) <i>Deaf</i> (4) <i>Partially Deaf</i>	(5) <i>Delicate</i> (6) <i>Physically Handicapped</i>	(7) <i>Educationally Sub-normal</i> (8) <i>Maladjusted</i>	(9) <i>Epileptic</i>	<i>Total</i> (1)-(9)
<i>During 1956</i>	(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)	(10)
A. <i>Newly placed</i> in Special						
B. <i>Schools or Boarding</i>						
<i>Homes</i>	— 8	4 1	8 11	67 18	3	110
<i>Newly assessed</i> as needing special educational treatment at Special Schools or in Boarding Homes	1 2	3 2	14 22	186 18	3	251

<i>After the end of the Year Categories</i>	(1) <i>Blind</i> (2) <i>Par- tially Sighted</i>	(3) <i>Deaf</i> (4) <i>Phy- tially Deaf</i>	(5) <i>Delicate</i> (6) <i>Phy- sically Handi- capped</i>	(7) <i>Edu- cationally Sub- normal</i> (8) <i>Mal- adjusted</i>	(9) <i>Epi- leptic</i>	<i>Total (1)-(9)</i>
	(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9)	(10)
C. On registers of						
(i) Special Schools as						
(a) day pupils ...	1 —	3 2	4 5	87 —	—	102
(b) boarding pupils	10 13	33 15	10 25	141 3	6	256
(ii) on registers of In- dependent Schools under Authority arrangements ...	— —	4 1	— 12	13 2	—	32
(iii) boarded in Homes and not included under (i) or (ii) ...	— —	— —	4 —	— 20	—	24
Total C ...	11 13	40 18	18 42	241 25	6	414
D. Educated under Sect. 56 of the Education Act, 1944						
(i) in Hospitals ...	— —	— —	— 1	— —	—	1
(ii) in other Groups (e.g. units for spas- tics) ...	— —	— —	— —	— —	—	—
(iii) at home ...	— —	— —	7 10	1 1	—	19
E. Requiring places in Special Schools						
(i) TOTAL (a) day ...	— —	— —	— —	194 —	—	194
(b) boarding	— 2	— —	1 11	262 13	1	290
Included in the totals above those						
(ii) who had not reached age of 5 :						
(a) awaiting day places ...	— —	— —	— —	— —	—	—
(b) awaiting board- ing places ...	— 1	— —	— 1	— —	—	2
(iii) who had reached age of 5 but whose parents refused consent for their admission to a spe- cial school :						
(a) awaiting day places ...	— —	— —	— —	2 —	—	2
(b) awaiting board- ing places ...	— —	— —	— 5	54 1	1	61
F. On registers of Hospital Special Schools ...	— —	— —	— —	— —	—	66

CHILD GUIDANCE

During the year the Northern Clinic proceeded on established lines. In the early part of the year the new Psychiatrist, Dr. H. S. Coulsting, took up his appointment, and in June the Educational Psychologist resigned and a further appointment was made almost immediately, there being little interruption in the service.

Arrangements are in hand for the provision of more adequate accommodation in Gloucester after which it is hoped that the service for the adjoining part of the County will be less restricted.

Cam House Hostel continues to be supervised by the team members as required and by routine visits from the Medical Director. There is a considerable out-County waiting list for admission to Cam House.

There continues to be very considerable demand for the service and despite an increased rate of diagnosis the referral waiting list remains rather high.

An expansion of the team is envisaged in the near future to cope with this aspect in the north of the County.

Cheltenham and North Gloucestershire Child Guidance Service

	<i>Cheltenham</i>	<i>North Gloucestershire</i>
1. Number of cases on Diagnostic Waiting List at the beginning of the year	17	32
2. Number of cases on Treatment Waiting List at the beginning of the year	—	3
3. Number of cases in Treatment at the beginning of the year	21	46
4. Number of cases Referred during the year	75	141
5. Number of First Appointments offered and not accepted	6	15
6. Number of cases seen for Full Diagnosis	51	131
7. Number of cases diagnosed but not Treated	21	54
8. Number of cases seen for Partial Diagnosis	4	26
9. Number of old cases Re-opened	4	4
10. Number of cases Treated during the year	76	177
11. Number of cases Closed during the year	23	34
12. Number of Interviews during the year :		
(a) Psychiatrist	215	428
(b) Ed. Psychologist	288	318
(c) Psychiatric Social Worker	217	388
13. Number of School Visits :		
(a) Psychiatrist	1	19
(b) Ed. Psychologist	12	43
(c) Psychiatric Social Worker	1	0
14. Number of Home Visits :		
(a) Psychiatrist	1	4
(b) Ed. Psychologist	1	1
(c) Psychiatric Social Worker	12	38
15. Disposal of cases Transferred :		
(a) Awaiting Placement	3	7
(b) Hostel Placement	3	4
(c) Residential Schools	—	3
(d) Mental Hospital	1	3
(e) Approved School	2	3
(f) Left District	—	6

	Cheltenham	North Gloucestershire
16. Number of cases in Treatment at the end of the year	18	39
17. Number of cases on Treatment Waiting List at end of year	4	7
18. Diagnostic Waiting List at the end of year	17	30
19. Total Attendances	464	1,024
20. Analysis of Diagnosed Cases :		
(a) Conduct Disorder	27	64
(b) Habit Disorder	10	25
(c) Nervous Disorder	4	3
(d) Educational and Vocational	11	27
(e) Mental Deficiency	2	2
(f) Psychoses	—	—
(g) Physical Disorder	5	4
21. State on Closure :		
(a) Much Improved	11	5
(b) Improved	1	4
(c) Unchanged	6	3
(d) Deteriorated	—	—
Ascertainment Only	5	22

South Gloucestershire Child Guidance Service

Contributed by Dr. K. C. P. Smith (Medical Director of the South County Child Guidance Service)

New Cases Referred :

Total	149
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Source of Referral :

1. School Medical Officer	63
2. Chief Education Officer	—
3. Headmaster	42
4. G.P.s	6
5. Probation Officer	5
6. Juvenile Court	1
7. Speech Therapist	—
8. Parents	21
9. Other Clinics	5
10. Other bodies	6

Type of Case Referred (some cases referred for more than one type of disorder) :

(a) Behaviour Disorders	76
(b) Personality Disorders	3
(c) Enuresis	22
(d) Backwardness and Retardation	44
(e) Psychological Test and Ascertainment only	1
(f) Stammer and Tics	8
(g) Psycho-somatic	—

Active Cases Brought Forward from last year	...	...	...	...	...	...	...	...	162
Cases awaiting First Appointment at beginning of year	...	...	...	...	...	...	...	...	20
Cases awaiting First Appointment at end of year	...	...	...	...	...	...	...	...	6
Number of First Appointments Offered but not Accepted or did not attend	...	...	...	...	...	...	...	...	3
Active Cases (On Treatment/Observation) Carried Forward	...	...	...	...	...	...	...	...	144
New Cases Seen during year	...	...	...	...	...	...	...	...	137
Cases Closed	...	...	...	...	...	...	...	...	144

Reasons for Closure :

1. Ascertainment or Advice only	...	...	...	...	...	...	...	...	27
2. Treatment completed	...	...	...	...	...	...	...	...	83
3. Recommended for Special Education or Otherwise (Cam House, etc.)	...	...	...	...	...	...	...	...	11
4. Removed from District and/or Referred to Other Agencies	...	...	...	...	...	...	...	...	7
5. Withdrawn by Parents	...	...	...	...	...	...	...	...	3
6. Non-co-operation or Uneventuated	...	...	...	...	...	...	...	...	13

State on Closure :

(a) Improved before appointment	...	...	...	...	...	...	...	...	3
(b) Improved	...	...	...	...	...	...	...	...	92
(c) Unchanged	(i) Treatment unsuccessful	...	...	...	...	...	...	...	3
	(ii) Other reasons	...	...	...	...	...	...	...	37
(d) Not known (non-attendance, etc.)	...	...	...	...	...	...	...	...	9

Number of Interviews :

Psychiatrist	...	...	...	...	...	...	...	...	1,012
Educational Psychologist	...	...	...	...	...	...	...	...	907

Classification of Interviews :

Clinic :

Psychiatrist	...	...	...	...	...	...	...	...	1,012
Educational Psychologist	...	...	...	...	...	...	...	...	573
Total Clinic Attendances	1,585

School Visits :

Educational Psychologist	190
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Home Visits :

Educational Psychologist	57
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Other Visits and Interviews :

Psychiatrist	—
Educational Psychologist	87

At the commencement of the year the Clinic team consisted of Dr. K. C. P. Smith, Medical Director ; Mr. R. F. Freyman, Educational Psychologist ; and the team was assisted by Mrs. D. A. Sheppard, the Secretary. The Clinic was without a Social Worker until late in the year when the newly appointed Social Worker, Miss M. Winchurch, took up her duties in November.

Rather more new cases were referred than the year before ; 149 as against 128, and it is satisfactory to record that the number of cases awaiting first appointment dropped from 20 to 6.

Once again Clinics were held each Wednesday, at Rodway Road, Patchway, and each Friday, at the Centre at Morley Road, Staple Hill, and it was also possible to make up for holiday gaps by making some Saturday morning appointments for the Medical Director at each Clinic, for those families who found it specially difficult to attend on any other day.

MILK IN SCHOOLS SCHEME

The position on 31st December, 1956, was as follows :

	<i>Pasteurised</i>	<i>T.T.</i>	<i>Non-Designated</i>	<i>Total</i>
Maintained and Assisted Schools ...	402	19	—	421
Polish Schools	6	1	—	7
Non-Maintained Schools (from 1st September, 1956)	88	2	—	90

	<i>Pupils Present</i>	<i>Taking Milk</i>	<i>Per cent.</i>
Maintained and Assisted Schools ...	67,239	51,364	76.4
Polish Schools	402	384	95.5
Non-Maintained Schools (from 1st September, 1956)	7,579	6,865	90.5
Total (All Schools)	<u>75,220</u>	<u>58,613</u>	<u>77.9</u>

SCHOOL MEALS SERVICE

- (a) Number of meals served—8,000,000 (approximately 41,500 per school day).
- (b) Percentage of children on roll receiving meals—58 %
- (c) Percentage of children dining who receive free meals—5.5 %.
- (d) Percentage of children on roll for whom a meal was available in December, 1956—100 %.
- (e) Number of school canteens and central kitchens in operation on 31st December, 1956 :

237 Self-contained Canteens
153 Dining Centres
9 Central Kitchens

- (f) Number of schools with a meal service on 31st December, 1956—Nil.

Milk in Schools Scheme

Sampling of all supplies at the schools has been carried out by the County Sanitary Inspectors.

Of the total number of samples examined, Pasteurised 627—11 failed to satisfy the prescribed test, a percentage of 1.7. Of the 27 Raw Milk samples examined, 2 Methylene failures were obtained, giving a percentage of 7.3.

All raw milks are submitted for biological and brucellosis examination and it is pleasing to report that of the 27 samples tested no bovine tubercle or brucella were found.

Food Hygiene

On the 1st January, 1956 the Food and Drugs Act of 1955 became operative. This Act and the Regulations made under it brought in School Canteen Kitchens and Dining Centres and Central Kitchens. Consequently systematic inspections of these premises and also the fittings and equipment thereat have been made by the County Sanitary Inspectors and recommendations in respect of alterations, renovations and repairs have been submitted. The number of inspections and re-inspections made up to the end of 1956 was 730.

Mass X-Ray Examinations

Results of examinations of scholars by the units in the course of the year are shown below.

<i>Miniature Films</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number Examined	2,322	2,097	4,419
Total Recalled for Further Examination ...	25	23	48
Did Not Attend	—	—	—
Normal	19	20	39
Significant	5	3	8
Being Investigated	1	—	1

<i>Tuberculous Conditions</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Active Tuberculosis	1	1	2
Inactive Tuberculosis	—	—	—
Under Observation	—	1	1

None of the abnormal cases referred to above had been previously detected. Non-tuberculous conditions found were :

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Bacterial and Virus Infections of the Lungs ...	3	—	3
Bronchiectasis	1	1	2

Tuberculosis

The following information has been supplied by the Chest Physician responsible for the North Gloucestershire Chest Clinics in respect of school children found to be suffering from tuberculosis during the year.

<i>Age Groups</i>	<i>Pulmonary</i>		<i>Menin- geal</i>	<i>Miliary</i>	<i>Cervical Glands</i>	<i>Abdomi- nal and Hip</i>	<i>Total</i>
	<i>Primary Complex and Sequelae</i>	<i>Phthisis</i>					
5-9	9	—	—	1	6	1	17
10-14	3	3	—	—	—	1	7

Analysis of above cases

1. Mode of Diagnosis :	Contact Pick-up	...	...	...	...	2
	Mass X-ray examinations	...	...	...	...	2
	Hospital and others	...	...	...	...	8
	General Practitioner	...	...	...	...	12
						<hr/> Total 24
2. Cases with a known source of infection	...	...	...	...	...	3

The following is a statement of the children admitted to and discharged from Standish Chest Hospital.

Admissions	Respiratory ...	28
	Non-Respiratory ...	12
		—
Discharges		40 (Non-tuberculous 64)
	Respiratory ...	31
	Non-Respiratory ...	15
		—
		46 (Non-tuberculous 68)
Number of children remaining in Hospital on 31st December, 1956 :		
12 Respiratory and 11 Non-Respiratory.		
(Non-tuberculous 31)		

INFECTIOUS DISEASES

The following table shows the number of children reported by head teachers as suffering from infectious diseases.

<i>Disease</i>					1956	1955	1954
Scarlet Fever	...	...	...	...	298	364	303
Diphtheria	...	...	...	...	—	—	—
Measles	...	...	...	...	892	4,687	1,019
German Measles	...	...	...	...	473	143	276
Whooping Cough	...	...	...	...	501	908	1,120
Mumps	...	...	...	...	1,088	2,129	965
Chicken Pox	...	...	...	...	2,524	1,844	2,355
Tuberculosis	...	...	...	...	—	5	4
Ringworm	...	...	...	...	35	84	57
Impetigo	...	...	...	...	245	410	313
Scabies	...	...	...	...	9	22	10
Others (Colds, etc.)	...	...	...	...	3,595	2,951	5,282
Total	...	...	...	...	9,660	13,639	11,704

These figures do not include the Cheltenham Excepted District.

Diphtheria

During the year 840 school children were immunised for the first time and 8,810 received maintenance doses. The percentage of children aged 5 to 14 years who have been protected was maintained at 72.5%

Food Poisoning

Sporadic cases and small outbreaks of short and sharp, indeterminate, stomach and bowel upsets have been notified by schools during the year. Cases have been mild with the occasional adult involved. The School Meals Service was not found at fault in any instance. In practically all instances the District Medical Officer of Health reported that the outbreak was not restricted to children in attendance at School.

From the corrected notifications of infectious diseases for 1956 there were a total of only 7 school children notified as suffering from food poisoning, 3 girls and 4 boys—Dursley R.D. 4, Kingswood U.D. 1, West Dean R.D. 2.

Poliomyelitis

During the year 7 children in the 5–15 age group were notified as suffering from acute anterior poliomyelitis, 3 of these being paralytic and 4 non-paralytic. This compares with a total of 16 cases (10 paralytic) in 1955 and 26 (14 paralytic) in 1954. The figures refer to confirmed cases from corrected notifications. The distribution was : Charlton Kings R.D. 1 N.P. Stroud U.D. 1 N.P. Cheltenham R.D. 1 P, 1 N.P. Gloucester R.D. 1 P. Stroud R.D. 1 P, 1 N.P.

20,867 children, aged 2–9 years, were registered for poliomyelitis vaccination ; 2,170 children received first and second doses and 160 received the first dose only.

(These figures include those of the age group 5–9 Cheltenham 'Excepted' District, particulars of which are given on page 27.)

EMPLOYMENT OF SCHOOL CHILDREN

There was a considerable increase from 208 to 301 in applications from pupils wishing to undertake part-time employment. After appointments for medical examinations had been sent applications in respect of 13 children were withdrawn. Of the 293 children examined certificates of fitness were issued to 287. Six children were considered to be unfit for the employment suggested.

B.C.G. VACCINATION

The provisions of this service have continued in the course of the year, following the practice given in some detail in my last Annual Report.

The authority has continued to participate in the Oxford Regional Hospital Board's Survey of B.C.G. vaccination. The Records Officer has provided the following summary of the record cards of children dealt with in 1956 :

	<i>No. of Children</i>							
(i) Tuberculin Tested	2,559
(ii) Positive	579
(iii) Negative	1,980
(iv) Vaccinated	1,980
(v) Tested for Conversion	1,660
(vi) Converted	1,618
(vii) Not Converted	42
(viii) Percentage Converted	97.5 %

Eleven School Medical Officers, specially trained in the procedure, have been engaged on this work and have dealt with it at schools in conjunction with the school medical inspection.

The following particulars are from the records of 13-year-old children initially tested or vaccinated during the year to the 31st December :

In a 13-year-old school population of approximately 6,000 children, vaccination was offered to 4,601 pupils and acceptances totalling 2,756 were returned, an acceptance rate of 57%. A total of 59 schools participated in the scheme. At initial testing 584 (23.3%) of 2,492 children tested were found to be tuberculin positive. Of the 1,908 tuberculin negative children 1,893 were vaccinated.

With regard to the 15 children tuberculin negative but not vaccinated, either the consent was withdrawn or there was a medical contra-indication.

The following table gives some details concerning the scheme since its commencement in October, 1955.

B.C.G. Vaccination of 13-year-old School Children

	1955			1956			<i>Grand Total</i>
	<i>County</i>	<i>Cheltenham</i>	<i>Whole County</i>	<i>County</i>	<i>Cheltenham</i>	<i>Whole County</i>	
No. of Schools Concerned ...	43	9	52	50	9	59	67
Invited ...	3,085	1,265	4,350	3,629	972	4,601	9,552
Accepted ...	1,894	591	2,485	2,331	425	2,756	5,551
Tuberculin Tested	1,655	565	2,220	2,113	379	2,492	4,977
Positive ...	382	111	493	517	67	584	1,140
Negative ...	1,273	454	1,727	1,596	312	1,908	3,837
Percentage Positive ...	23 %	19.6 %	22.2 %	24.5 %	17.7 %	23.3 %	23.0 %
Not Vaccinated	10	2	12	15	—	15	32
Vaccinated ...	1,263	452	1,715	1,581	312	1,893	3,805

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING FOR TEACHING AND THE TEACHING PROFESSION

Applicants for entry to courses of training are required to be examined medically concerning their fitness to follow the course. A recent X-ray examination of chest is required in all cases.

Intending entrants to the teaching profession are also required to submit to medical examination and a chest X-ray, and appropriate standards of fitness are demanded.

Teachers appointed by the authority are also X-rayed if no recent report is available as part of their medical examination.

A considerable number of these examinations have been carried out during the twelve months under review.

RECUPERATIVE HOLIDAY HOMES

During the year arrangements were made through the Invalid Children's Aid Association for 60 children to be admitted to Recuperative Holiday Homes. The normal length of stay was four weeks but extensions were granted where recommended by the Medical Officer of the Home concerned.

The children all benefited from their holiday and the detailed reports received from the Homes on the children's progress during their stay were most helpful.

HOLIDAY CAMPS FOR DIABETIC AND EPILEPTIC CHILDREN

Facilities were again offered to diabetic and epileptic children in the County for holidays, but for various reasons the parents of only 2 children accepted the offer this year. Arrangements were made for these children to spend a fortnight at the British Diabetic Association Camp at St. Mabyn, Cornwall.

REPORT OF SCHOOL HEALTH SERVICE FOR CHELTENHAM EXCEPTED DISTRICT

Dr. T. O. P. D. Lawson, Borough Medical Officer of Health

The staff of the Cheltenham School Medical Department includes 2 School Doctors and 3 School Nurses, who carry out the duties under the Borough School Medical Officer.

(1) *Medical Inspection at the Schools*

All children admitted to the Infant Schools are examined for defects during their first year at school. For the 8-year-old group, ear, throat and eye examinations only are made but full examinations are made at 10 and 12 years and for the leavers at 14 years. The age group for examination in the Secondary Schools are somewhat different and depend on the age at which children usually leave these schools.

Parents are invited to be present at these examinations and if defects are found the children are referred to the family doctor and are re-inspected at school two or three times during the year if necessary.

School Children, 1956

Age	<i>Average Height</i>		<i>Average Weight</i>	
	Boys	Girls	Boys	Girls
	<i>ins.</i>	<i>ins.</i>	<i>lbs.</i>	<i>lbs.</i>
4-6 years 	42.8	42.5	43.5	41.9
8 years 	49.2	48.8	56.7	56.1
10 years 	53.3	52.8	68.9	66.8
12 years 	57.4	57.8	85.0	86.3
14 years 	61.8	61.5	104.0	108.4
17 years 	69.0	63.9	137.5	121.5
<i>Grammar School</i>				
14 and 15 years ...	64.8	62.6	116.6	111.5

(2) *School Clinic and Treatments*

Minor Ailments

The Central Clinic is open on the afternoons of Monday, Wednesday and Friday and on Saturday morning for children brought by parents or referred by teachers for the treatment of abrasions, skin diseases, ringworm, etc. The School Doctors supervise the treatments and, when desired, examine children brought by parents.

Additional clinics are held at Whaddon School on Tuesday afternoons, at Elmfield School on Thursday afternoons, at Lynworth School on Monday afternoons and a clinic is also held at St. Paul's School once a week. During the school holidays clinics are held each morning during the week at the Municipal Offices.

The additional minor ailments clinic started at the Hester's Way Health Centre to deal with the increasing school population on the new estate did not attract enough school children to justify its continuance. It has been successfully replaced by a toddler's clinic which has helped to reduce the heavy attendances at the child welfare clinics held twice weekly at the Health Centre. There is the additional advantage that this clinic is being conducted by the School Medical Officer who will also examine these children when they enter the schools on the new estate at a later date.

(3) *Prevention of Tuberculosis*

B.C.G. vaccination against tuberculosis was commenced in October, 1954. The procedure is identical with that of the County. A scheme for tuberculin jelly testing

of school entrants organised at the beginning of 1955 is still in operation. A Health Visitor calls on the parents of positive reactors and makes appointments for the Mass X-ray Unit. The scheme is now an accepted feature of the first school medical examination. The follow-up of positive reactors to the Mantoux test at 13 years is identical. In addition appointments for X-ray are given to all school leavers during their last school term.

(4) *Ascertainment of Educationally Sub-normal Children*

Excellent co-operation has been maintained with the Day Special School. In addition to the normal ascertainment before entry to the school, children whom the headmaster considers could be sent back to the ordinary school are re-ascertained each term by the School Medical Officer. Several children have already been returned to the ordinary school.

(5) *Diphtheria Immunisation*

Renewed efforts which were started in 1955 and which were successful in achieving an appreciable increase in the immunisation rate last year, have been well maintained. The results show a further increase in immunisation in Cheltenham Schools during 1956.

(6) *Dental Treatment*

The improvement in the staffing position mentioned in last year's report has been maintained and two full-time dental officers have been employed in the School Health Service throughout the year. Reference has been made previously to the desirability of adding a third dental surgery to the Health Centre and appointing a third dental officer, but a full year's working under existing staffing arrangements has shown that although the number of dental inspections has considerably increased, the number of acceptances for treatment would not appear to justify the provision of additional facilities at the moment.

(7) *Orthopaedic Defects*

A Physiotherapy Clinic is available as part of the School Health Service. Children can be referred for exercises and ultra-violet light treatment. Progress is watched and children are re-inspected at school.

(8) *Speech Defects*

Following the resignation of the Speech Therapist in 1955 there was a period of six months before the vacancy could be filled. However a new Speech Therapist took up her appointment in February and regular sessions are now being held at No. 64 The Promenade, Thirlestaine Court Day Special School, Lynworth School, Monkscroft School and Hester's Way Health Centre.

(9) *Poliomyelitis Vaccination*

Over 3,000 applications were received for poliomyelitis vaccination in the 2 to 9 years age groups. Vaccine was available for only 300 children and of these 200 school children received first and second doses and 5 received the first dose only.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

Mr. J. F. A. Smyth, L.D.S.

Staff

In my report for 1955 I was able to strike a rather more optimistic note than in previous years. The staff had been steadily increasing since 1950, and although recruitment during 1955 was not quite so encouraging as had appeared probable during

the latter part of 1954, there was an increase of almost 30% in the number of sessions on which dental work was carried out. During 1956, due to the employment of temporary whole- and part-time officers, the total number of sessions worked (6,583) was almost identical with the previous year's. On 31st December, however, the total strength of the staff was equivalent to 14.3 officers, compared with 15.4 on 31st December, 1955.

Miss Platt left on 31st December, 1955, and Mr. James and Mr. Mycock resigned to enter general practice in March and April. Only one permanent whole-time appointment (Mr. Richards) was made during the year to offset these losses. The services of two temporary whole-time officers were available for four and five months respectively, and five temporary part-time officers each worked for short periods. Three of these were newly qualified men awaiting call-up for National Service. The total equivalent of 14.3 dental officers on 31st December in fact includes three temporary part-time officers, two of whom were expected to leave early in 1957, and between them were equivalent to one whole-time officer. The position regarding the provision of routine treatment was made still more difficult since Mr. McGonigal spent all his time providing orthodontic services. These will be referred to later. It can therefore be seen that considerable staffing difficulties were experienced during the year and that the outlook for 1957 did not appear to be very encouraging. It was hoped that the increased remuneration in the general dental service would be offset by the salary award negotiated on the Dental Whitley Council and dating from 1st April. In fact, no new permanent full-time officers were recruited after the new scale came into force.

Miss W. E. Stephens, the Senior Dental Attendant, was unfortunately off duty throughout the year, owing to the injury to her leg received in a motor accident in December, 1955. She was, however, reported fit to resume duty on 1st January, 1957.

Recruitment to the Profession

During the early part of the year, a departmental committee under the Chairmanship of Lord McNair was set up to enquire into recruitment to the dental profession and to make recommendations. Their findings indicated that the position had deteriorated since the Teviot Committee, in their Reports of 1943 and 1944, drew attention to the inadequate strength of the profession. In Great Britain there is one dentist to every 3,273 of the population—one of the lowest ratios in any highly civilised country. Further, the Committee were informed that it is probable that more than half the names on the Register will be lost owing to retirement during the next ten years, as a result of the excessively high average age of the profession. They reiterated the Teviot Committee's findings that the number of places available in dental schools was inadequate, and further found that in the last few years even these places had not been filled. Their recommendations stressed the need for a greatly expanded programme of dental health education, which would not only be aimed at reducing the increasing incidence of dental disease, but would also, in their opinion, stimulate recruitment to the profession. In this connection, it is interesting to note that the number of applicants for training at Bristol Dental Hospital is now the highest ever known and far exceeds the number of places available.

The Committee stated, "It seems to us probable, and indeed essential, that dental health education should have its due place in the school curriculum." They also said that "The value of the example set by an efficient school dental service is obvious". They particularly recommended that the advantages of dentistry as a career for women should be stressed in Grammar schools for girls. The shortage of staff in the school dental service is dealt with in the Report, but the Committee place on record that "We consider the greatest credit is due to those responsible for providing services as good as these in spite of the shortage of manpower."

Dental Health Education

In my report for 1955 I dealt at length with the necessity for a vigorous and continuous campaign of dental health education. The findings of the McNair Committee make it clear that in the near future the availability of dental treatment will be even less than it is to-day. It is indeed anticipated that the effects of the increasing average age of the profession will begin to be felt acutely in the latter part of 1958. When this position is set alongside the continuing increase in the incidence of dental decay, it becomes apparent that the outlook for the dental welfare of the population gives every reason for anxiety. It is, therefore, a matter of "urgency and even emergency" (to quote the Report) that every available channel should be used to bring home to the population, and especially to those responsible for the welfare of children, that dental decay is largely a preventable disease and that attention to simple rules such as a rigid exclusion of sweets, biscuits and such like between meals and last thing at night, would bring about a possibly dramatic reduction in the number of carious teeth. The amount and extent of dental health education throughout the country is inadequate, and its failure is shown by the continuing increase in caries. Programmes on television and radio, which many consider to be one of the most effective means of health education, are the responsibility of central rather than local government. In the County, however, there is undoubtedly scope for more talks in schools and to Parent-Teacher Associations on the measures designed to promote dental health. The Oral Hygienist is undoubtedly playing a most useful role in giving both personal instruction to patients and group talks. It is regretted that the number of talks given in schools last year was less than in previous years. The experiment might be tried of concentrating her efforts in one particular area instead of over the whole County, provided that the co-operation of suitable schools could be obtained. The interest shown in talks given to Parent-Teacher Associations suggests that this also is a most useful line of approach and the number of talks should be greatly increased.

It is to be hoped that the Government will lose no time in setting up the Standing Committee recommended by the McNair Committee "To examine in all their aspects the measures necessary to secure public awareness in dental matters, to advise on the form that publicity should take and ensure that the several agencies carrying it out work together."

Inspections

Routine dental inspections were carried out for 28,604 children in 161 schools. This represents approximately 41 % of the school population and is the same proportion as was inspected last year. Reference to the table below will show that the percentage found to require treatment has remained approximately the same during the last five years.

Inspection of Schools

	1951	1952	1953	1954	1955	1956
Percentage of school population inspected	19 % (Routine) 23 % (Routine and Special)	23 % (R) 28 % (R & S)	34 % (R) 40 % (R & S)	29 % (R) 37 % (R & S)	41 % (R) 49 % (R & S)	41 % (R) 49 % (R & S)
Percentage found to require treatment	83 %	81 %	78 %	79 %	80 %	79 %
Percentage treated of those offered treatment	78 %	71 %	70 %	71 %	65 %	69 %

Treatment was offered to 18,344 of the 21,913 children who had been found to need it. The 3,569 to whom treatment was not offered were either (as far as can be ascertained) receiving treatment from their own dentists or had only defects of the temporary teeth which were not so serious as to require extraction of the teeth concerned but could not be treated conservatively with the available dental manpower. Figures recorded by Dental Officers indicate that approximately 8% of the children found to require treatment at routine inspections were receiving regular and complete treatment from general practitioners. It was again noticed that there is a wide variation in different areas of the County between the numbers of children who receive complete treatment from their own dentists. Many children show evidence of receiving limited treatment from their own dentists, usually confined to the extraction of one or more teeth for the relief of pain. Other children were, of course, found to be dentally fit as a result of visits to general practitioners. Last year I stated that on the evidence available it appeared that in all up to 15% of children attending maintained schools were receiving regular attention in this way. Figures available for the current year suggest that this estimate probably represents a maximum.

It must be clearly understood that the figure of 21% who did not require treatment does not give a picture of the number of children who had no decayed, missing or filled teeth. From my own observations, supported by those of the other dental officers, I have no doubt that there is a steady and definite increase in the total incidence of caries and the average number of decayed, missing and filled teeth per child, and in the extent and rapidity of caries in many children. The necessity for the staff to concentrate on the provision of treatment has made it impossible to carry out the D.M.F. survey which would be required to support these statements statistically. Where such surveys have been carried out for a number of years, however, the findings largely correspond with the clinical observations of dental officers. Studies undertaken elsewhere and notably those at Viperholm in Sweden, show that there is a remarkable correspondence between the amount of sugar consumed and the caries incidence rate. A study undertaken with a small number of children in a residential school by the Medical Research Council suggests that the addition of extra sugar to food consumed at meal times has little effect on the caries rate. All the available evidence, in fact, indicates that it is the consumption of sugar and fermentable carbohydrates between meals that is the main factor in determining caries incidence. As mentioned earlier, it is the continual eating of sweets, biscuits, buns, etc., between meals and last thing at night that is so damaging to the teeth.

For the first time since 1948 there has been a slight drop in the number of "Special Inspections." The majority of these are children who attended the clinics either for emergency treatment for relief of pain or to request a check up, owing to the long period since they were last dentally inspected at school. The greater part of the decrease is in Cheltenham Borough and is no doubt due to the annual inspection interval which has now been attained there. When annual inspections are possible throughout the County, the number of "Specials" should show a further decline.

Although the demand rate for complete treatment in the intervals between routine inspections is a serious embarrassment in that it diminishes the time available for routine treatment, it would appear to be wrong to deny to children whose parents are sufficiently interested to seek treatment at the clinic the opportunity of receiving it. As far as possible, complete treatment is carried out for such patients, while in many cases those who attend mainly for the relief of pain receive only emergency treatment. Each case requires a decision on its own merits in the light of circumstances and this presents one of the most difficult problems in areas where the staffing ratio is particularly low. At Gloucester and Stroud, for instance, the demand rate for treatment has been so heavy that with the staff available it has been almost impossible to carry out routine inspections. During the latter part of the year the position in these clinics was so unfavourable that the strictest "rationing" of treatment had to be

maintained in order to avoid long waiting lists of those who requested dental care.

It is interesting to note in Appendix A of *The Health of the School Child, 1954/55* that the Ministry of Education is again recommending the restriction of the dental scheme for the time being to selected clinics or districts in order to provide annual re-examination for at least a certain number of children, emergency treatment being made available for the remainder. The advantages of such a system are that it enables a satisfactory standard of dental care to be maintained for at least a limited number, and avoids the wasting of conservative work which sometimes occurs when the interval between inspections exceeds eighteen months or two years. The Ministry also recommends that the interval between inspection and treatment should seldom, if ever, exceed one month. The normal practice has always been to inspect a complete school and provide treatment as soon as possible subsequently. In some of our larger schools, however, the treatment arising from a routine inspection may take three or four months to complete, allowing time for the treatment of emergency cases and expectant and nursing mothers and pre-school children. Consideration is, therefore, being given to the inspection of only one section of the larger schools at one time, so that the delay between inspection and treatment shall be minimised. Such a system may be slightly more inconvenient for head teachers and will certainly require their co-operation.

Treatment

Statistical details are given in Table V at the end of this report. The table below gives the average amount of treatment per 100 children, compared with the previous five years. The steady rise in fillings in permanent teeth gives an indication of the increase in caries incidence, and the drop in the ratio of permanent teeth filled to those extracted shows that the existing staff is unable to deal with it by conservative means. If annual inspections were possible, it would probably be found that the average number of fillings per child would be about two. The slight drop in the total number of teeth extracted is welcome, but the number last year was exceptionally high owing to arrears of treatment in some areas. As mentioned in previous reports, the figure for fillings in temporary teeth bears no relationship to the need, and the decrease in 1956 is due to more rigorous selection of patients for whom time to conserve temporary teeth can be afforded.

Treatment per 100 Children Treated

	1951	1952	1953	1954	1955	1956
Fillings: Permanent Teeth	115	120	150	150	170	170
Fillings: Temporary Teeth	21	24	30	18	19	15
Total Extractions ...	130	130	130	130	160	154
Ratio of Permanent Teeth Filled to Permanent Teeth extracted for caries	6.8 to 1	6.8 to 1	6.6 to 1	6.3 to 1	5.9 to 1	5.0 to 1

Details not shown separately in Table V are as follows:

Dressings: Permanent Teeth	...	...	...	2,631
Temporary Teeth	...	...	...	495
Silver Nitrate Treatments	...	...	...	745
X-rays ...	...	...	...	602
Scalings ...	...	...	...	244
Dentures	...	...	...	156
Local Anaesthetics	...	...	...	4,739

Orthodontics

As from 1st January, 1956, Mr. McGonigal took up the post of County Orthodontist. Reports from the areas which he visited made it clear that the orthodontic service (the need for which had been mentioned in many previous reports) was widely appreciated by both parents and staff. It also became evident that the demand for treatment could not be met even with a whole-time officer. In order to conserve travelling time, Mr. McGonigal's activities were limited to certain centres during the latter half of the year, viz. Gloucester, Lydney, Cheltenham, Cirencester, Stroud, Dursley, Thornbury, Staple Hill and Filton. An undue proportion of his time is still, however spent in travelling, and the general efficiency of the service would be greatly increased by the provision of a properly equipped central orthodontic clinic in Gloucester. It is hoped that this will become possible in connection with premises to replace the unsatisfactory dental clinic at 19, Bearland. The appointment of a part-time orthodontist for the South of the County would enable a service to be provided more nearly approximating to the need, and would further increase efficiency by reducing the travelling required.

Less orthodontic work was carried out by dental officers than in previous years, thereby enabling more time to be devoted to other work. The advice of the orthodontist was sought in all cases treated by dental officers. Figures for the total work carried out are given in Table V at the end of this Report. Apart from the time spent by other dental officers, 434 sessions were devoted solely to orthodontics. Extracts from Mr. McGonigal's report are given below.

" Many surveys have been carried out in this country to assess the incidence of malocclusion, and it was found that approximately 20% of children examined required treatment by appliance. Professor Hallett (*B.D.J.* 1950) suggested that 10% not only required orthodontic treatment but requested it themselves, and limiting the age groups from 8-14 years, did not think that this estimate was excessive.

" To facilitate treatment for those willing to co-operate fully, it was decided to give the initiative to the parent, and treat by request. This may be contrary to the principles of preventive dentistry, but I feel that coercion is much worse. I believe that orthodontics is selective ; therefore the patients for treatment must be selected.

" One of the greatest problems confronting us is that of stability of result, and this will not take place unless sufficient time is given for the tissues to be accommodated under new conditions. The appliance may be used for retention for varying periods of from six months onwards, and only at about six months after the appliance is removed can a final result be given. As much treatment as possible is carried out by ' Removable ' appliance as control by the Dental Officer and the patient is simpler.

" It was found necessary to refer many cases to Bristol Dental Hospital for surgical removal of impacted and supernumerary teeth. No survey has been taken, but it seems the proportion of cases sent was quite high. Several patients were treated by fraenectomy. In some cases, appliances were unnecessary to close the diastema but usually some other anomaly was present simultaneously. Cleft palate cases have been referred from Frenchay, Chepstow and the Nuffield at Oxford. These are most interesting and treatment has been confined to producing a favourable arch.

" The Hygienist has co-operated remarkably throughout the year. As usual, her work has been of the highest standard and I must congratulate her on her perception in notifying damage to appliances which may have caused damage to the cases. Mr. Hopkins and the Technicians have done very good work throughout the year. They have helped and advised me in problematic appliances, applying their skill for the benefit of the patients.

" On the whole, clinic facilities have been adequate. As it is necessary to interview parents in the course of examination of the patient, the appearance of the examination room should be a primary consideration. This, I believe, affects the co-operation necessary for success and also the morale of the staff. The welder is carried to all clinics."

General Anaesthetics

The policy of employing specialist or general practitioner anaesthetists was continued, and a higher proportion of the total number of " gas " sessions was supplied by medical anaesthetists. Excluding Cheltenham, 177 sessions out of 297 were attended by five medical anaesthetists. In Cheltenham approximately half the anaesthetics were administered by an assistant medical officer.

Considerable interest was aroused by an article published by Dr. A. Tom in the *British Medical Journal* in May, describing the " Amnalgesia " technique which he had developed. Visits were paid by Professor Sir Robert Mackintosh and Dr. Goldman to see the method demonstrated. " Amnalgesia " is produced by the administration of between 15 % and 25 % oxygen throughout the period of the operation. The dangers of hypoxia and its possible sequelae are therefore eliminated. From the operator's point of view the advantage is that a prolonged and quiet anaesthetic can be maintained for as long as necessary, although induction to a stable condition of " Amnalgesia " is often slow. Other anaesthetists in County clinics have reported some post-anaesthetic vomiting, but this has not been so with Dr. Tom's own cases. It is used by him for all age groups, but for younger children Vinesthene (administered either with the Oxford Inhaler or by " drip " attachment on the gas machine) is usually the anaesthetic of choice, owing to the more rapid induction. For older children and where prolonged anaesthesia is required, Dr. Tom's method appears to increase the safety factor and to provide a condition satisfactory to both patient and operator.

Oral Hygienist

Reports from all clinics speak of the success achieved in her work by Mrs. Judd. Not only does it relieve the dental officers of scaling and polishing, but in a high proportion of children it is found that oral hygiene is maintained and that they take a pride in their teeth. Details of her work are given in the addendum to Table V. Mrs. Judd reports as follows :

" I attended the B.D.A. Dental Health Exhibition in June held at Brighton. Poster, poems and slogan competitions were held for school children in the town, resulting in some very clever ideas. The exhibition itself, which included many pictures and posters of clinics, of abnormalities of the mouth, and of diets, appeared to be successful."

Laboratory

A fourth technician was appointed in July, thereby minimising the need for over-time working and delay in completing appliances. Approval was obtained from the National Joint Apprenticeship Committee for one apprentice to be trained, but no replies were obtained from an advertisement, and it was decided to leave the proposal in abeyance for a time. The laboratory continued to carry out work for the hospital dental staff of the North Gloucestershire clinical area. Reports from all clinics speak of the high standard of work achieved and attention to detail consistently shown.

During the latter half of the year a number of " T-shaped " partial dentures were made. These are in effect " spoon " dentures with stabilising extensions to one posterior tooth on each side. These were found to be most successful for the replacement of one or two teeth, damage to gum margins being entirely avoided, and reports from patients as to comfort were most favourable. Only one case of fracture occurred, and this was in a position which was not connected with the design of the plate.

The following is a summary of the work carried out during the year.

<i>Orthodontic Appliances</i>	<i>Dentures</i>	<i>Repairs</i>	<i>Crowns</i>	<i>Study Models</i>	<i>Other Mechanical Operations</i>	<i>Total No. of Operations</i>
422	156	61	6	954	4	1,603

Clinics

In April the new clinic at Lydney was opened. This is the first new building for purely dental purposes in the County, and although the size was intentionally limited since it would not be in full-time operation, it has proved admirably suited to its purpose. Extensions of the clinic at Wotton-under-Edge enabled a dental surgery to be installed there. At Tewkesbury work was started on the adaptation of existing premises to provide a medical and dental clinic. It was also anticipated that premises would become available in the following year for a clinic at Moreton-in-Marsh. The outstanding needs at the moment are for the long delayed clinic at Dursley, the building of which has been further delayed by the restrictions on capital expenditure, and for new and enlarged clinic premises in Gloucester. Stressing this need last year, I suggested a new outlying clinic in the Churchdown or Hucclecote area. A suitable alternative would be a two-surgery clinic in Gloucester with an additional surgery to form an orthodontic centre which the County at present lacks. The existing premises in Gloucester are inadequate and inconvenient.

Conclusion

Visitors during the year included Miss E. M. Knowles of the Ministry of Health, Dr. Watson of Ceylon and Dr. Noshay of Egypt. I should like to thank all members of the dental staff for their help and co-operation during the year, particularly those whose programmes have had to be disrupted at short notice to cover emergencies such as illness in other areas. Thanks are also due to head teachers and to all members of the Health Department staff who deal with the School Dental Service.

Reports from Areas

Mr. de Gruyther (Lydney and Coleford)

“Casual attendances at the Forest Clinics are extremely low when compared with casual attendances in areas where there is no full-time dental officer. This must be due largely to the fact that both East and West Dean have full-time dental officers and that emergency cases are frequently referred to the clinics by heads of schools and by health visitors and doctors.”

Miss Mackinnon (Cheltenham and North Cotswolds)

“It was found that the children required more treatment—both extractions and fillings, as the condition of the teeth continues to deteriorate. With more children in the schools and more work to be done for them, the period between inspections is increasing. The acceptance rate was on the whole very good, especially for the younger children.”

Mr. Thomas (Cirencester)

“Casual sessions in Cirencester continue to be heavy and numbers of older children attending the Grammar and Secondary Modern Schools, who had been

receiving treatment from their own family dentists, have attended the casual sessions and requested inspection and treatment. The number of children of the Junior Schools attending the family dentist for regular inspection and treatment are very few indeed.

"Gas sessions in Cirencester are very well attended and continue to be fairly heavy. Dr. Winter uses "Vinesthene" drip method of anaesthesia, especially for the younger patients. The results he obtains with this method are very successful indeed, the work of the dentist is consequently made easier and adverse after effects are conspicuous by their absence.

"The services and advice of Mr. McGonigal in the more difficult orthodontic cases have been greatly appreciated during 1956. He seems to have popularised orthodontic treatment in Cirencester; so many parents ask for treatment for their children that one has to exercise a certain amount of selection in cases referred to him. The children co-operate well and parents seem grateful for the work done."

Mr. Pengelly (Dursley)

"Carious cavities on the buccal and lingual walls on upper and lower molars respectively seem to be much more prevalent than formerly. It is curious that the lingual walls of lower molars are often involved as it should be such a good self cleansing area. These cases often seem to be associated with poor oral hygiene.

"The holiday attendances continued to be good and in most cases the children have turned up on time or early."

Mr. Waterhouse (Chipping Sodbury)

"Once we settled down at a large school, more work could be completed in the Mobile Clinics. This I feel is undoubtedly due to the fact that if a patient is absent or unable to attend another patient can be called in with a minimum waste of time. Other dental officers confirm this. Co-operation with schools continues to remain good."

Mr. Richards (Filton)

"There is a great demand for orthodontic treatment, particularly at Filton Clinic and the parents are fully co-operative and appreciative."

REPORT OF THE ORGANISERS OF PHYSICAL EDUCATION, 1956

Introduction

As 1957 marks the twentieth year since Organisers of Physical Education were appointed in Gloucestershire, it seems appropriate to compare this report with the first one given and to survey the changes which have come about both in the improvement of facilities of all kinds and in the actual physical education.

In 1937 the needs of physical education were recognised by the Gloucestershire Education Committee and the first organisers were appointed. Various Circulars, Memoranda and a White Paper were issued by the Government and all prospects seemed rosy.

In 1938 the Committee appointed five Instructor Leaders to develop post school physical activities and for a year everything went forward with tremendous activity. In 1939, with the outbreak of war, 166 classes practically vanished overnight, together with the Instructor Leaders, whose Government grants for this purpose were withdrawn.

The war years were a time of improvisation and "make do" against increasing difficulties. In 1940 Mr. Ralph joined H.M. Forces. A great deal of training of teachers went on, and though courses had to be concentrated between April and September, 37 were held.

Since the war a steady expansion has taken place, especially in the realm of games and athletics and in the development of the primary school lessons through the introduction of many types of gymnastic and climbing equipment.

New schools, both Primary and Secondary, have introduced a new side to the Organisers' work and much time has been given to the plans of halls, gymnasias and ancillary rooms and to their experimental equipment with different types of apparatus.

The introduction of maintenance units to look after playing fields has been another entirely new and important development.

Primary Schools

Perhaps the most marked change has been in the type of physical education and in the attitude to it. In 1937 the children, wearing heavy boots and all their clothing—even sometimes hats, scarves and gloves—were drilled during the fine weather in accordance with the 1919 Syllabus, although a certain number of teachers who had attended courses organised by the National Union of Teachers or had trained more recently, had advanced to the 1933 Syllabus.

The lack of apparatus and poor conditions generally were discouraging to all but the most enthusiastic teachers.

To-day, instead of 190 unsurfaced playgrounds, there are only 20 and an increasing number of schools have the use of halls.

All children now have plimsolls supplied by the Committee and in the majority of Schools the principle of suitable clothing for Physical Education is accepted.

It has been a long struggle to educate teachers and parents in this principle and even now some schools do not conform, or with the first touch of cold weather slip back. The long cold winter of 1956 was a handicap as schools without any indoor facilities could follow no regular outdoor programme and it was very noticeable by Easter that not only the work but the changing for lessons had suffered a sad deterioration.

One school in the County has reached the ideal of a real change of clothing; every child from the moment of entering the School at the age of 5 brings its own towel, vest and knickers, or shorts, and really changes for the lessons. The initial time taken in changing is rightly regarded as part of the child's education and real hygiene is inculcated from the beginning.

All Primary Schools are well equipped with small apparatus for Physical Education and Games and an increasing number have large apparatus. As it is considered neither suitable nor safe to use climbing apparatus when wearing skirts this is not supplied until the children are suitably changed and the standard of work is satisfactory.

New Primary Schools are equipped with fixed apparatus and regular help is given to the teachers until they are used to it.

Importance is attached to the further training of teachers in order to keep abreast with new ideas and to find the type of work which is suitable and successful in a mainly rural area. Training Colleges vary widely in their interpretation of physical education to-day and teachers, after a year out of College, are usually anxious for further guidance to help them in the conditions in which they find themselves, and in large schools it is necessary to have some consistency in the type of work done throughout the school.

116 courses have been taken for Teachers in Primary Schools since 1938.

During 1956 the following courses were held :

<i>Type</i>	<i>Place</i>	<i>Duration</i>	<i>No. of Students</i>	<i>Lecturer</i>
Primary P.E.	Hanham Abbots	7 weeks	53	Miss Gibson
Primary P.E.	Thornbury	4 weeks	35	Mr. Milne
Infant P.E.	Watermoor	4 weeks	41	Miss Fawcett
Junior Dancing	Broadwell	4 weeks	36	Miss Forsyth Mrs. Isaac

Secondary Schools

Grammar Schools

The facilities in the Grammar Schools for gymnastics have not changed appreciably in the last twenty years although the invention of a hinged type of fixed apparatus has allowed four Schools to have apparatus in their assembly halls to the great benefit of the children.

Katharine, Lady Berkeley's Grammar School, by converting its small assembly hall into a gymnasium, made a great stride forward.

Attention is drawn to the lack of indoor facilities at Westwood's Grammar School; Sir William Romney's School, Tetbury; Bell's Grammar School, Coleford; Newent School; Tewkesbury Boys' Grammar School and Stroud Boys' Technical School.

In 9 of the 16 Grammar Schools (to which is added Stroud Girls' Technical School) attended by girls, there is a three-year trained woman Specialist, and in the 16 Grammar Schools (and Stroud Boys' Technical School) attended by boys, 10 have the services of a fully qualified gymnastic master. The 6 exceptions are the schools mentioned in the preceding paragraph. Thus it is abundantly clear that so far as boys' work is concerned schools cannot hope to attract properly trained gymnastic masters unless indoor facilities are available.

Facilities in the Grammar Schools for changing and washing after games are, on the whole, unsatisfactory. In the few cases where showers have been provided the changing accommodation is inadequate. In most cases all that is available for washing are hand basins. With more schools playing Rugby Football the lack of suitable washing facilities becomes an even more serious matter. The Organisers most strongly urge that consideration might be given to remedying this sad state of affairs as soon as it is possible.

Secondary Modern Schools

Conditions vary widely in the Secondary Modern Schools. The new ones have fully equipped gymnasia but the former senior schools have had no change in their facilities; only those schools at Kingswood, Staple Hill, Filton and Cinderford had halls. Schools which have been converted into Secondary Modern Schools also have no halls; or very inadequate ones.

Particularly poor conditions exist in the Forest of Dean area where Double View is the only school with a hall.

Apart from the new Secondary Modern Schools, facilities for changing and washing after games are for the most part non-existent.

So very much more could be done in a Physical Education programme at those schools that have no indoor accommodation if facilities for washing and changing could be provided.

The staffing for the Physical Education in the Secondary Modern Schools is a continual problem ; where no gymnasium or hall exists it is impossible to obtain fully qualified gymnastic men teachers.

The position with regard to trained women teachers is even worse for even where a gymnasium exists it is difficult to obtain teachers, as there are few of them and they appear to prefer to teach in Grammar Schools. In the rural areas accommodation and lack of transport add to the problem.

Great credit is due to many teachers, both men and women, who are responsible for the Physical Education in these schools, so often working under most difficult and trying conditions.

General

(a) Games

So far as games are concerned, the conditions have improved very greatly. This is due largely to the maintenance units which have brought the existing grounds into good condition, and also to the additional land which has been provided by the Committee. Nearly all the schools now have artificial cricket pitches for practice, whilst Tewkesbury Boys' Grammar and Double View Secondary Schools have artificial match pitches. In most schools the teaching and coaching of games reaches a high order.

For boys' games very strong County associations exist for Cricket, Rugby and Soccer, and representative County teams are chosen for juniors (under 15) and seniors to play neighbouring counties.

Several Gloucestershire boys have been members of England Schoolboy Teams in Rugby and Cricket in recent years.

The Schools' County Athletic Association runs an annual athletic meeting and sends teams of boys and girls to the South Western Counties Schools Championships and the National Championships.

Tournaments for the girls have continued and it is noticeable that the standard of appearance, behaviour and tidiness in cloakrooms has steadily improved through contact with other schools and with social education.

The gay colours of teams and the keenness of the children are much in evidence.

The Hockey Tournament was held at Patchway Secondary School and 24 teams took part.

The Netball Tournament was held at Churchdown Secondary School. Twenty-one Junior and 15 Senior teams took part.

Rounders tournaments were held at Longlevens where 10 teams took part and at Chipping Sodbury where 10 also took part.

(b) Further Training of Teachers During 1956

A residential course for women teachers in Secondary Schools was held at St. Mary's College for three days in September. This was attended by 27 teachers from the County.

A one-day course for fully qualified gymnastic masters was held at the Marling School, Stroud, on 8th May. Fifteen masters attended.

Conclusion

The nature of the Organisers' work has brought them in close liaison with Sports and Voluntary Organisations, both school and adult, too numerous to mention, with which they have been most pleased to co-operate for the furtherance of Physical Education in its fullest and widest aspects.

CYRIL RALPH,
DOROTHY FAWCETT,
Organisers of Physical Education.

12th April, 1957.

SCHOOL CLINICS

Clinics are held at the following centres :

<i>Clinic</i>	<i>Address</i>	<i>Services</i>
Berkeley	High Street	S
	Hospital	E, ENT, O
Bishops Cleeve	Women's Institute	O
Bourton-on-the-Water	County Clinic	S
	Hospital	E
Cheltenham	County Dental Clinic, 1 Royal Crescent	D
Chipping Sodbury	Ridgewood	D, E, O, S
Cinderford	17 Station Street	D, E, ENT, O, S
Cirencester	Abbey Way Clinic	S
	The Beeches	D
	Memorial Hospital	E
Coleford	County Clinic	D, E, ENT, O
Dursley	25 Woodmancote Road	D, E, ENT, O, S
Filton	Shield Road	D, E, O, S
Gloucester	19 Bearland	CG, D, M, O
	Langham House, 18 Berkeley Street	S
Kingswood	High Street	D
Lydney	Church Road	D
	Forest Road	S
	Hospital	E, ENT, O
Moreton-in-Marsh	District Hospital	E
	Redesdale Arms	S
Newent	County Clinic (Picklenash School)	D, O, S
Northleach	Oak House	O
Patchway	Rodway Road	CG, D, S
Prestbury	St. Mary's Church Hall	O
Soundwell	Soundwell Road, Kingswood	E, M, O
Staple Hill	Morley Road	CG, D, S
Stonehouse	Community Centre	O
Stroud	Trinity Rooms, Field Road	CG, M, O, S
	9 John Street	D
Tewkesbury	County Clinic, Oldbury Road	O, S
	Hospital	E, O
Thornbury	Hospital	E, O, S
	County Dental Clinic, 6 Horseshoe Lane	D
Winchcombe	Women's Institute	O
Winterbourne (Hambrook)	County Clinic (County School)	D, E, O
Wotton-under-Edge	Sym Lane	D, E, O, S

Cheltenham Excepted District

Central Clinic, Royal Well Road,
(rear of Municipal Offices) ... CG, D, M, O, S

Index to Services

CG ...	Child Guidance	D ...	Dental
E ...	Eye	ENT ...	Ear, Nose, Throat
M ...	Minor Ailments	O ...	Orthopaedic
S ...	Speech		

TABLE I
**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY
AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)**

(This refers to a complete calendar year)

A.—Periodic Medical Inspections

Age Groups inspected and Number of Pupils examined in each :

Entrants	...	...	...	...	...	...	...	6,999
10 years	...	...	...	...	...	...	...	6,623
14 years	...	...	...	...	...	...	...	5,175
Total	...	...	...	...	...	...	...	18,797
Additional Periodic Inspections*	...	...	...	...	...	...	...	13,283
Grand Total	...	...	...	...	...	...	...	32,080

B.—Other Inspections

Number of Special Inspections	...	...	...	...	...	...	...	2,029
Number of Re-inspections	...	...	...	...	...	...	...	7,565
Total	...	...	...	...	...	...	...	9,594

C.—Pupils found to require Treatment

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

<i>Age Groups Inspected</i> (1)	<i>For defective vision (excluding squint)</i> (2)	<i>For any of the other conditions recorded in Table III</i> (3)	<i>Total individual pupils</i> (4)
Entrants	183	836	876
10 years	334	659	913
Leavers	367	458	795
Total	884	1,953	2,584
Additional Periodic Inspections*	787	1,344	1,873
Grand Total	1,671	3,297	4,457

* E.g., Pupils at special schools or who missed the usual periodic examination.

**D.—Classification of the Physical Condition of Pupils Inspected in the
Age Groups Recorded in Table IA**

<i>Age Groups Inspected</i>	<i>Number of Pupils Inspected</i>	<i>Satisfactory</i>		<i>Unsatisfactory</i>	
		<i>No.</i>	<i>% of Col. (2)</i>	<i>No.</i>	<i>% of Col. (2)</i>
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	6,999	6,789	97.0	210	3.0
10 years	6,623	6,480	97.8	143	2.2
14 years	5,175	5,131	99.3	44	0.7
Additional Periodic Inspections	13,283	13,031	98.1	252	1.9
Total	32,080	31,431	98.0	649	2.0

TABLE II
INFESTATION WITH VERMIN

- (i) Total number of individual examinations of pupils in schools
by the school nurses or other authorised persons 176,774
- (ii) Total number of *individual* pupils found to be infested ... 1,335
- (iii) Number of individual pupils in respect of whom cleansing
notices were issued (Section 54 (2), Education Act, 1944) ... 87
- (iv) Number of individual pupils in respect of whom cleansing
orders were issued (Section 54 (3), Education Act, 1944) ... 3

TABLE III

**RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31st DECEMBER, 1956**

A.—Periodic Inspections

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requir- ing Treat- ment (7)	Requir- ing Observa- tion (8)
		Requir- ing Treat- ment (3)	Requir- ing Observa- tion (4)	Requir- ing Treat- ment (5)	Requir- ing Observa- tion (6)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	51	141	52	79	229	493
5	Eyes—						
	(a) Vision ...	183	865	367	417	1,671	3,027
	(b) Squint ...	61	131	17	21	200	428
	(c) Other ...	14	66	29	57	135	313
6	Ears—						
	(a) Hearing ...	31	140	18	65	195	560
	(b) Otitis Media	31	199	10	28	106	494
	(c) Other ...	5	46	11	30	65	175
7	Nose and Throat	185	1,040	27	96	447	2,485
8	Speech	33	122	4	12	73	239
9	Lymphatic Glands	21	548	4	20	67	1,172
10	Heart	16	83	6	67	50	340
11	Lungs	47	327	10	105	115	945
12	Developmental—						
	(a) Hernia ...	15	45	3	2	40	102
	(b) Other ...	20	128	24	56	163	541
13	Orthopaedic—						
	(a) Posture ...	9	66	62	184	202	578
	(b) Feet ...	96	157	45	60	319	505
	(c) Other ...	90	237	58	155	337	841
14	Nervous system—						
	(a) Epilepsy	5	28	2	14	24	115
	(b) Other ...	1	53	3	27	25	211
15	Psychological						
	(a) Develop- ment ...	8	79	14	132	177	728
	(b) Stability	7	153	3	34	41	475
16	Abdomen ...	8	54	7	14	31	172
17	Other	86	92	52	87	290	452

B.—Special Inspections

<i>Defect Code No.</i> (1)	<i>Defect or Disease</i> (2)				<i>Special Inspections</i>	
					<i>Requiring Treatment</i> (3)	<i>Requiring Observation</i> (4)
4	Skin				54	25
5	Eyes—					
	(a) Vision				121	55
	(b) Squint				19	12
	(c) Other				38	18
6	Ears—					
	(a) Hearing				45	78
	(b) Otitis Media				23	18
	(c) Other				47	15
7	Nose and Throat				126	217
8	Speech				29	34
9	Lymphatic Glands				11	109
10	Heart				4	44
11	Lungs				23	90
12	Developmental—					
	(a) Hernia				11	5
	(b) Other				22	19
13	Orthopaedic—					
	(a) Posture				22	24
	(b) Feet				22	11
	(c) Other				75	63
14	Nervous system—					
	(a) Epilepsy				8	10
	(b) Other				6	12
15	Psychological—					
	(a) Development				37	122
	(b) Stability				15	36
16	Abdomen				8	17
17	Other				185	63

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

Group 1.—Eye Diseases, Defective Vision and Squint

	<i>Number of Cases known to have been dealt with</i>	
	<i>by the Authority</i>	<i>Otherwise</i>
External and other, excluding errors of refraction and squint	77	18
Errors of refraction (including squint) ...	1,362	4,670
Total ...	1,439	4,688
Number of pupils for whom spectacles were prescribed	532	2,496

Group II.—Diseases and Defects of Ear, Nose and Throat

	<i>Number of Cases known to have been treated</i>	
	<i>by the Authority</i>	<i>otherwise</i>
Received operative treatment—		
(a) for diseases of the ear	—	80
(b) for adenoids and chronic tonsillitis ...	—	1,526
(c) for other nose and throat conditions	—	339
Received other forms of treatment	136	153
Total ...	136	2,098
Total number of pupils in schools who are known to have been provided with hearing aids		
(a) in 1956	—	11
(b) in previous years	—	60

Group III.—Orthopaedic and Postural Defects

	<i>By the Authority</i>	<i>Otherwise</i>
Number of pupils known to have been treated at clinics or out-patient departments ...	1,554	519

Group IV.—Diseases of the Skin (excluding uncleanness for which see Table II)

							<i>Number of Cases treated or under treatment during the year by the Authority</i>
Ringworm—	(i)	Scalp	...	...	...	...	1
	(ii)	Body	...	...	...	...	5
Scabies	...	...	...	...	...	...	6
Impetigo	...	...	...	...	...	...	51
Other skin diseases	...	...	...	...	...	...	62
Total							125

Group V.—Child Guidance Treatment

		<i>Number of Pupils treated or under treatment during the year by the Authority</i>
Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	...	552

Group VI.—Speech Therapy

		<i>Number of Pupils treated or under treatment during the year by the Authority</i>
Number of pupils treated by Speech Therapists under arrangements made by the Authority	... ..	716

Group VII.—Other Treatment Given

(a)	Number of cases of miscellaneous minor ailments treated by the Authority	...	...	...	...	4,280
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	70
(c)	Pupils who received B.C.G. vaccination	...	...	...	...	1,840
(d)	Other than (a), (b) and (c) above	...	...	...	...	—
Total (a)–(d)						6,190

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers :						
	(a)	At Periodic Inspections	...	...	...	...	28,604
	(b)	As Specials	...	...	...	...	5,215
					Total (1)	...	33,819
(2)	Number found to require treatment						26,794
(3)	Number offered treatment						23,225
(4)	Number actually treated						14,110
(5)	Number of attendances made by pupils for treatment, <i>including</i> those recorded at heading 11 (h) below						34,721
(6)	Half-days devoted to : Periodic (School) Inspection						288
		Treatment	...	...	...	...	5,875
					Total (6)	...	6,163
(7)	Fillings :		Permanent Teeth	...	...	...	23,974
			Temporary Teeth	...	...	...	2,080
					Total (7)	...	26,054
(8)	Number of teeth filled :		Permanent Teeth	...	...	...	19,721
			Temporary Teeth	...	...	...	1,888
					Total (8)	...	21,609
(9)	Extractions :		Permanent Teeth	...	...	...	4,395
			Temporary Teeth	...	...	...	17,455
					Total (9)	...	21,850
(10)	Administration of general anaesthetics for extraction						6,469
(11)	Orthodontics :						
	(a)	Cases commenced during the year	...	...	...	...	350
	(b)	Cases carried forward from previous year	...	...	...	...	56
	(c)	Cases completed during the year	...	...	...	...	75
	(d)	Cases discontinued during the year	...	...	...	...	36
	(e)	Pupils treated with appliances	...	...	...	...	378
	(f)	Removable appliances fitted	...	...	...	...	417
	(g)	Fixed appliances fitted	...	...	...	...	22
	(h)	Total attendances	...	...	...	...	3,627
(12)	Number of pupils supplied with artificial dentures						139
(13)	Other operations :		Permanent Teeth	...	...	...	5,875
			Temporary Teeth	...	...	...	1,227
					Total (13)	...	7,102
(14)	Dental Hygienist						
		Half-days devoted to Treatment	...	...	...	...	337
		Half-days devoted to talks	...	...	...	...	7
		Attendances for Treatment	...	...	...	...	1,176
		Scalings	...	...	...	...	472
		Polishings	...	...	...	...	1,104
(15)	Number of Specialist Anaesthetic Sessions						177

